Form NRH-4 Instruct. Effective date: July 22, 2001

INSTRUCTION FOR COMPLETION OF FORM NRH-4

- 1a. <u>Legal Name and Street address of Applicant (Institution, Firm, Person, etc.)</u>
 Applicant name, address, city, state, zip, telephone #, FAX #, eMail address.
- 1b. Street Address at which Radiation Generating Equipment will be used, if different than 1.a. Location at which one or more radiation machines or sources are installed, and/or located within one building, vehicle or under one roof and are under the same administrative control, e.g., hospitals, laboratories, physician=s offices, industrial plants, etc. Enter complete address including city and zip code. (1) Permanent location of equipment. (2) Temporary job sites throughout state? Yes or No.
- 2. <u>Billing Information.</u> Address of Billing Department, if different than 1.a, billing contact person and telephone number.
- 3. <u>Person Responsible for Radiation Protection</u>, name, title, and phone #. An individual who possesses the knowledge and training to measure and evaluate the safety of radiation emitting equipment and techniques and to advise regarding radiation protection needs.
- 4. <u>Type of Practice</u>, enter code that identifies the facility=s type of practice from table below:

Type of Practice								
1. Chiropractic	6.	ENT	11.	Radiologist	16.	Mobile Van	21.	Veterinary
2. Dermatology	7.	Orthopedist	12.	Surgeon	17.	Hospital	22.	Industrial
3. General Practice	8.	Osteopath	13.	Urologist	18.	Regional Center	23.	Medical Other
4. Gastroenterology	9.	Pediatrics	14.	Multiple Specialty Clinic	19.	Dental	24.	Out-Of-State
5. Internal Medicine	10.	Podiatrist	15.	Nursing Home	20.	Educational Inst.		Registration

5. <u>Radiation Generating Equipment</u> means any manufactured product or device, component part of such a product or device, or machine or system which during operation can generate radiation, except devices which emit radiation only from radioactive material. List each product or device on separate line. Use additional sheets if necessary.

Under Type enter the code of applicable equipment from table below:

HEALING ARTS DIAGNOSTIC GENERAL	HEALING ARTS DIAGNOSTIC-GENERAL	HEALING ARTS-THERAPY	NON-HEALING ARTS RADIATION MACHINES (Cont.)
	DIAGNOSTIC-GENERAL 114 Ct Scanner-W.B. 115 Veterinary Radiographic 116 Veterinary Fluoroscopic 117 Stationary C-Arm	301 Superficial 302 X-Ray Deep Therapy 303 Accelerator-Therapy 304 Veterinary Therapy 310 Other NON-HEALING ARTS RADIATION MACHINES 401 Accelerators 402 Radiographic Cabinet X-Ray 403 Analytic X-ray 404 Electron Microsc	RADIATION MACHINES (Cont.) 408 Package X-Ray 409 Industrial Gauge X-Ray 410 Fluoroscopy X-Ray-Industrial 411 X-Ray Fluorescence 412 X-Ray Diffraction 413 Electron Beam Welding 414 Industrial Radiological In-Plant Only 416 Ion Implantation Device 417 Other-Non-Healing Arts 418 Irradiator
112 Mobile C-Arm 113 CT Scanner-Head	203 Cephalometric 210 Other-Dental	405 Airport Baggage X-Ray 406 Spectroscopy/ Spectrography X-Ray 407 Particle Size Analyzer-X-Ray	501

6. <u>Certification.</u> No registration form will be processed without the proper signature and title of official authorized to act on behalf of the applicant.

Title 180 "Control of Radiation:"

180 NAC 2-009
would render the information contained in the application for registration no longer accurate.
180 NAC 2-011Asembler and/or transfer obligation.
180 NAC 2-011.01Any person who sells, leases, transfers, lends, disposes, assembles, or installs radiation generating equipment in the
State shall notify the Agency within fifteen (15) days of:
180 NAC 2-011.01, Item 1The name and address of persons who have received equipment.
180 NAC 2-011.01, Item 2The manufacturer, model and serial number of each radiation generating equipment transferred; and
180 NAC 2-011 01. Item 3. The date of transfer of each radiation generating equipment